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LIFE ANNUITY AND MONETARY TABLES.

Tables of life annuities and other monetary tables at various rates of interest, based on life tables for this country, were computed for the purposes they serve in legal and business practice. The values of life annuities are frequently required in the settlement of estates, the division of wills, the determination of the measure of damages, and in connection with pension funds. Until the appearance of the United States Life Tables there were available practically no reliable life tables faithfully representing mortality conditions as they now exist in the general population of this country.

CONSTRUCTION OF LIFE TABLES.

The mathematical theory of the construction of life tables is developed in great detail and is illustrated by photographs of the actual numerical calculations made on adding machines in the construction of the life table for males in the State of New York, 1910. This portion of the text will be of great service to all those who desire to acquaint themselves with the theory of life-table construction as well as with the actual mathematical processes.

All the original statistics on births, deaths, and populations used in the construction of the life tables are given in this publication. An extensive index of 20 pages has been prepared to enable the reader to locate quickly information to be found in the text and tables.

STATEMENT OF BRITISH MINISTRY OF HEALTH REGARDING INFLUENZA.

The following is part of a statement issued by the British Ministry of Health, January 18, 1922, regarding the influenza epidemic, based on information obtained by the medical staff of the Ministry since December, 1921.

Outbreaks of influenza in England began in November, notably in the western areas of Nottinghamshire, whence it spread to towns in the south of the West Riding (where Leeds, Sheffield, and Rotherham were principally affected) and westward toward the Potteries. In the areas thus attacked early the epidemic has now materially abated or practically ceased. In London, although there was evidence of influenza in the schools about the end of November, the disease did not become generally prevalent until the middle of the following month. The northern, southern, and eastern registration districts of London have been those mainly affected. During the last fortnight the epidemic has further extended and the disease is now widely prevalent in many parts of England and Wales. In the 96 great towns, during the week ending January 14, the deaths from influenza (including bronchitis and pneumonia complicating in-

fluenza) totaled 1,240. Of this number 551 occurred in London. During the same week the deaths in London attributed to pneumonia (without mention of influenza) rose from 318 to 457, and those attributed to bronchitis from 282 to 394.

Weekly returns from the towns where the wave has now apparently spent its force suggest a duration of the epidemic in individual areas of 6 to 7 weeks. This fact, and the slackening rate of increase in London, encourage the hope that the epidemic in the metropolitan area is at or near its maximum. The appearance of epidemic influenza has been simultaneously reported from various countries on the Continent. Official statistics show that a rising incidence of influenza occurred during the last weeks of December—in Belgium at Ghent, in Norway at Christiania, in Sweden at Gothenburg and Stockholm, in Denmark at Copenhagen, and in Berlin and towns in southern Germany. The epidemic is also reported from Milan and other Italian cities, from Malta and Constantinople. No report of an influenza epidemic has been received from Paris, but the deaths from broncho-pneumonia in that city were 208 in December as compared with 126 in November. No indication has so far been obtained of unusual prevalence of influenza in America or in the Far East.

The epidemic on present evidence may be classed with those which occur with some regularity in the years which follow a great pandemic. It bears the same relation in time to the pandemic of 1918-19 as the recrudescence of 1895 bore to the severe epidemic of 1892—the most fatal of the three waves which affected London in the pandemic period 1889-1892. As compared with the 1918-19 period the number of persons now being attacked is smaller and the severity of the disease is usually much less. In this connection the figures already given may be compared with those of the week of maximum incidence in 1918, when there were 7,557 deaths in the 96 great towns, 2,458 of which occurred in London.

Epidemic influenza varies notoriously not only in its severity but in the symptoms by which it is characterized. In ordinary cases during the present prevalence the attack takes the form of two or three days fever. The acute catarrh of an ordinary heavy cold is by no means general. The most frequent symptoms are sudden onset, headache, pain in the back and legs, and congestion of the throat, with some bronchial catarrh and an irritating and very persistent cough. Other forms which have been described are attacks akin to those of a mild cold, but followed by severe general depression, and a gastro-intestinal form. In the latter, naseau, occasional vomiting, and diarrhea, pain and tenderness in the abdomen, particularly in the epigastric region, and often a great deal of gastro-intestinal flatulence with offensive stools, are conspicuous symptoms. The occurrence of spotty rashes on the face and attacks of giddiness have also been

described. Accounts of persons fainting or falling in the streets in consequence of sudden onset of influenza have been much exaggerated.

Most of the deaths attributed to influenza have been due to pulmonary complications, although these complications in the young adult and persons of early middle age are occurring far less frequently than in the pandemic years of 1918-19. The clinical evidence points to a somewhat severe incidence among very young children and a heavier fatality in persons at advanced ages. According to the latest weekly return available for London, more than one-third of the deaths attributed to influenza occur in persons over 65, who constitute about 6 per cent of the population.

The advice which was given to the public on the precautions to be taken against influenza in the Ministry's memorandum of December, 1919, is generally applicable to the present outbreak, and little can be added to it. Stress may again be laid on the importance of persons attacked by influenza at once going home to bed, keeping warm, and obtaining necessary medical and nursing treatment. Special care should be taken to guard against the risk of bronchopneumonia in young children, who, when attacked by influenza, should be kept at home in a warm room until the symptoms are over. In all cases during convalescence precautions should be taken against chill and unnecessary exposure. It is also important that persons with acute colds should take all ordinary precautions against conveying massive infection to others when coughing and sneezing.

MEASURES AGAINST INFLUENZA IN ZURICH, SWITZERLAND.

The following statements were obtained from the municipal medical officer of Zurich, Switzerland:

Influenza was made notifiable in Switzerland, August 23, 1921. From December 1, 1921, to January 16, 1922, 139 cases of this disease have been reported in Zurich. In view of the general outbreak of influenza in various parts of Europe, especially in Germany and later in Switzerland, the health department of the Canton of Zurich, on January 3, 1922, issued a circular of warning.

In order that the municipal medical authorities may be kept as thoroughly informed as possible in regard to the progress of the disease, physicians are required either to report each case when it comes under their observation or to make weekly reports on forms supplied by the cantonal health department.

The weekly report must cover all new cases arising during that week, and the cases must be tabulated under three age groups, viz:

- (a) Patients under 15 years of age;
- (b) Patients between 15 and 45 years of age; and
- (c) Patients over 45 years of age.